

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

10989

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(c) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. 46

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. e. alive on

Immediate cause of death

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Content, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

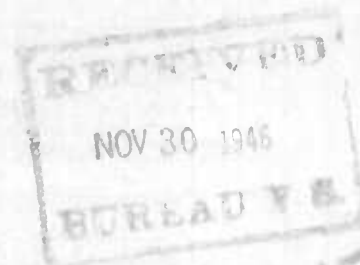
Injured at work?

23. SIGNATURE

M. D. or other

Address

Data signed



1-25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Week

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 723 St. Paul St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Whitefield Cator

## 3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
-----------------------	----------------------------------	---

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1864

8. AGE: Years <u>81</u>	Months <u>11</u>	Days <u>15</u>	If less than one day _____ hrs. _____ min.
----------------------------	---------------------	-------------------	---

9. Birthplace Taylor's Island, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Clerk11. Industry or business II12. Name William W. Cator13. Birthplace Maryland14. Maiden name Mary Travers15. Birthplace Maryland16. Informant Mr. Thomas RadcliffAddress Cambridge, Maryland17. Burial Nov. 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns Episcopal CemeteryLocation Taylor's Island, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-13-46 John M. ...  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 10 19 46 at \_\_\_\_\_ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
NOVEMBER 3 19 46 to NOV. 10 19 46  
and that I last saw him alive on NOVEMBER 10 19 46

Immediate cause of death

DURATION

MYOCARDIAL FAILURE AND  
PULMONARY THROMBOSIS  
SHOCK - FRACTURE OF FEMUR,  
CLAVICLE, R.I.B 10th. AND SKULL.Due to ACCIDENTOther conditions PROSTATIC HYPERTROPHY

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 11/3/46

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) HighwayMeans of injury TURNED AUTO OVER Injured at work? NO23. SIGNATURE W. J. ... M. D. or otherAddress Cambridge Md Date signed 11/12/46

RECEIVED  
NOV 15 1946  
BUREAU V.E.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89a

## CERTIFICATE OF DEATH

Reg. Dist. No. 1110

1. PLACE OF DEATH: *Dorchester*  
 County *Dorchester*  
 City or town *East New Market (Rural)*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *5 year*  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *MD* County *Dorchester*  
 City or town *East New Market (Rural)*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

3. (a) FULL NAME  
*Henry Silphman Collins*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *widower*  
 6. (b) Name of husband or wife *Sadie Collins*  
 7. Birth date of deceased (mo., day, yr.) *1874* 6. (c) If alive, give age years

8. AGE: Years *72* Months Days If less than one day  
 hrs. min.

9. Birthplace *Talbot Co. Md.*  
 (Town, county, and state)

10. Usual occupation *Farmer*

11. Industry or business

12. Name *Helena Collins*

13. Birthplace *Talbot Co. Md.*

14. Maiden name *Susan Trevis*

15. Birthplace *Talbot Co. Md.*

16. Informant

Address

17. *Burial* Date thereof *Nov 7, 1946*  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory *Windy Hill*

Location *Trappes Md (Rural)*

18. Funeral director *Merle E. Newsum & Son*

Address *Easton, Md.*

19. *Nov 5 46 Elizabeth C. Smith*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 4* 19 *46* at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 1945* 19 *45* to *Nov 4* 19 *46*

and that I last saw him alive on *Oct 31* 19 *46*

Immediate cause of death *Paralysis* DURATION

Due to *Cerebral apoplexy*

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

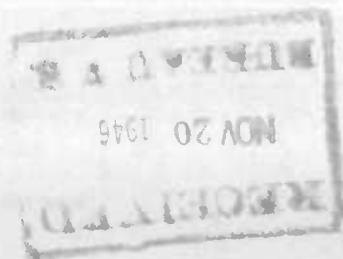
Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *R. D. Brown MD* M. D. or other

Address *East New Market* Date signed *11/5/46*

2-30



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

## CERTIFICATE OF DEATH

Reg. Diat. No. 10992 116 0

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Cambridge Maryland Hospital  
 How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Trenton St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Bobby Goldsborough Davis

## 3. (b) Social Security Number

-

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
<u>Male</u>	<u>White</u>	<u>Single</u>	
6.(b) Name of husband or wife <u>-</u>			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 2, 1946</u>			
8. AGE:	Year	Months	Days
	<u>-</u>	<u>2</u>	<u>20</u>
If less than one day <u>hrs.</u> <u>min.</u>			

6.(c) If alive, give age - years

9. Birthplace Cambridge, Maryland  
 (Town, county, and state)

10. Usual occupation -11. Industry or business -12. Name Harry G. Davis, Jr.13. Birthplace Maryland14. Maiden name Doris Dunn15. Birthplace Maryland16. Informant Mr. Harry G. Davis, Jr.,Address Cambridge, Maryland

17. Burial Date thereof Nov. 24, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland

19. 11-27-46 John M. ...  
 (Date rec'd by registrar) 19. 46 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1946 at 4:4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 22, 1946, to Nov. 22, 1946  
 and that I last saw him alive on November 22, 1946

Immediate cause of death

Bilateral Lobar Pneumonia

DURATION

24 hrs.

Due to

Due to

Other conditions

Severe Dehydration24 hrs?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edridge H. ...  
 M. D. or other  
Cambridge, Md. Date signed 11-24-46

RECEIVED  
NOV 30 1946  
BUREAU OF

1-35



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

★ 10993

Reg. Dist. No. 116 0

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
RFD # 2  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Rural-Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RFD # 2  
 (If rural, give LOCATION)  
 2(a) If veteran, name war -

## 3. (a) FULL NAME

Soloman J. Frazier

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married  
 B. (b) Name of husband or wife Amanda Dunn  
 B. (c) If alive, give age 91 years  
 7. Birth date of deceased (mo., day, yr.) Nov. 20, 1856  
 8. AGE: Years 90 Months 11 Days 11 If less than one day - hrs. - min.

9. Birthplace Drawbridge, Dor. Co., Maryland  
 (Town, county, and state)

10. Usual occupation -11. Industry or business -FATHER 12. Name Not Known13. Birthplace Not KnownMOTHER 14. Maiden name Rose Wall Frazier15. Birthplace Maryland16. Informant Mr. Jesse FrazierAddress RFD # 2, Cambridge, Maryland

17. Burial Date thereof Nov. 14, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland

19. 11-13-46 John Macgregor md.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 11, 1946 at 8: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 4, 1946 to Nov 9, 1946  
 and that I last saw him alive on Nov 9, 1946

Immediate cause of death Cerebral hemorrhage DURATION

Due to arteriosclerosis  
advanced atherosclerosis

Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? -  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Sam Steele md

M. D. or other

Address Cambridge Md Date signed 11-2-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4001

ARTIST AND L. DEER

PA. CONTENT

RECEIVED  
NOV 15 1946  
BUREAU V.M.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

## CERTIFICATE OF DEATH

Reg. Dist. No. 10994 1160 265

<b>1. PLACE OF DEATH:</b> County..... <u>Dorchester</u> City or town..... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>9 mos 23 ds</u> Hospital, institution, or street address where death occurred: <u>Eastern Shore State Hospital</u> How long in hospital or institution?..... <u>9 mos 23 ds</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>13 Chesapeake Ave.</u> (If rural, give LOCATION) 2. (a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>George Gale</u>				<b>3. (b) Social Security Number</b> <u>unknown</u>			
<b>4. Sex</b> <u>Male</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widowed</u>		<b>MEDICAL CERTIFICATION</b> <b>2D. DATE OF DEATH</b> ..... <u>November 24</u> 19 <u>46</u> at <u>6 a</u> M <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>January 31</u> 19 <u>46</u> to <u>November 24</u> 19 <u>46</u> and that I last saw him alive on <u>November 22</u> 19 <u>46</u> Immediate cause of death..... <u>Auricular fibrillation</u> Due to..... <u>Chronic Myocarditis and Myocardial Degeneration</u> Due to..... <u>Senility</u> Other conditions..... <u>Arteriosclerotic gangrene of foot, Senile Psychosis</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically. <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....	
<b>6. (b) Name of husband or wife</b> ..... <u>Tabby Crosby</u> <b>6. (c) If alive, give age</b> ..... years							
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>1863</u>							
<b>8. AGE:</b> Years <u>83</u> Months <u>unknown</u> Days ..... If less than one day ..... hrs. .... min.							
<b>9. Birthplace</b> ..... <u>Crisfield, Somerset Cy. Maryland</u> (Town, county, and state)				<b>23. SIGNATURE</b> ..... M. D. or other <u>Dr. G.</u> Address..... <u>Cambridge, Maryland</u> Date signed..... <u>11/24/46</u>			
<b>10. Usual occupation</b> ..... <u>Unknown</u>				<b>11. Industry or business</b> .....			
<b>12. Name</b> ..... <u>John Gale</u>				<b>13. Birthplace</b> ..... <u>Cleveland, Ohio</u>			
<b>14. Maiden name</b> ..... <u>Susan Owens</u>				<b>15. Birthplace</b> ..... <u>Crisfield Somerset Cy Maryland</u>			
<b>16. Informant</b> ..... <u>Hospital Records</u> Address..... <u>Cambridge, Maryland</u>				<b>17. Burial</b> ..... (Burial, cremation, or removal. Which?) Date thereof <u>11/26/46</u> (month) (day) (year) Cemetery or crematory..... <u>Eastville</u> Location..... <u>Eastville Va.</u>			
<b>18. Funeral director</b> ..... <u>Howard H. Hubbard</u> Address..... <u>Crisfield, Md</u>				<b>19.</b> <u>11/25/46</u> <u>Regath E. Frank</u> (Date rec'd by registrar) Registrar			

2-35

RECEIVED  
DEC 2 1946  
BUREAU A.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

301 Washington St.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 301 Washington St.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Clara Ewell Hopkins

## 3. (b) Social Security Number

-4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Edwin C. Hopkins  
(Died 11/11/1942) 6. (c) If alive, give age \_\_\_\_\_ years7. Birth date of deceased (mo., day, yr.) Nov. 18, 18668. AGE: Years 79 Months 11 Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Norfolk, Virginia  
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name Not Known  
13. Birthplace 11 1114. Maiden name Not Known  
15. Birthplace 11 1116. Informant Mr. Edwin C. Hopkins, Jr.  
Address Cambridge, Maryland17. Burial Nov. 5, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Md.19. 12/10 1946 J. Mace Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1946 at 8:30 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1946 to Nov. 2, 1946; and that I last saw him alive on November 1, 1946.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cardio-vascular disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic arthritis

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place, where? \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Albert E. Bunker M.D. M. D. or other \_\_\_\_\_Address Cambridge, Md. Date signed 11-5-46

RECEIVED

DEC 11 1946

B-7A7 U-3

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

10996

146

## 1. PLACE OF DEATH

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 42 years  
 Hospital, institution, or street address where death occurred:  
2 Skimmers Court  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Skimmers Court  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Fannie Jackson

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced widowed  
 6. (b) Name of husband or wife James Jackson  
 6. (c) If alive, give age \_\_\_\_\_ year

7. Birth date of deceased (mo., day, yr.) December - 18<sup>th</sup> 1890

8. AGE: Years 55 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Beckwith-Dorchester-Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Kemp Wilson

13. Birthplace Beckwith

MOTHER 14. Maiden name not known

15. Birthplace Beckwith

16. Informant Myrtle Jackson

Address 2 Skimmers Ct.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov-13-1946  
 (month) (day) (year)

Cemetery or crematory Woods

Location Cambridge, Md

18. Funeral director H.M. St. Clair

Address 308 Main Street

19. 11-13-46 (Date rec'd by registrar) John M. St. Clair Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1946 at 7:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 25, 1946 to Nov 9, 1946  
 and that I last saw him alive on November 9, 1946

Immediate cause of death Carcinoma of the  
Rectum DURATION 20 mos

Due to Primary in situ  
Cancer

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M. St. Clair M.D.

Address 2 Cedar St Date signed 11-12-46

RECEIVED  
NOV 15 1918  
BUREAU OF

1-35



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

## CERTIFICATE OF DEATH

Reg. Dist. No. 10997 100

### 1. PLACE OF DEATH:

County Dorchester  
City or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? life  
Hospital, institution, or street address where death occurred:  
Petersburg  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Petersburg  
(If rural, give LOCATION)  
2. (a) If veteran, name war.

### 3. (a) FULL NAME

William E. Jackson

### 3. (b) Social Security Number

178-18-2946

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ella Jackson  
6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 5, 1874

8. AGE: Years 72 Months 6 Days 19 If less than one day  
hrs. min.

9. Birthplace Dorchester County, Maryland  
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business Farm

12. Name Samuel Jackson

13. Birthplace Dorchester County, Maryland

14. Maiden name Henrietta Davis

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Ella Jackson

Address Hurlock, Maryland, R.F.D.

17. Burial Date thereof November 27, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Petersburg Cemetery

Location Near Hurlock, Maryland

18. Funeral director J. F. Fumerton and Son

Address Federalsburg, Maryland

19. Nov 27 - 19 46 Charles Jackson  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 46 at 9:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 19 46 to Nov 22 19 46  
and that I last saw him alive on Nov 22 19 46

Immediate cause of death Heart disease, valvular DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Anteopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Brown M.D. M. D. or other

Address East New Market Date signed 11/26/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 5 1946  
BUREAU V.B.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

Reg. Dist. No. 1110

1. PLACE OF DEATH:  
County Worcester  
City or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town East New Market  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME  
Emma Johnson

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife \_\_\_\_\_  
7. Birth date of deceased (mo., day, yr.) Dec 10 1889  
8. AGE: Years 59 Months 11 Days — It less than one day \_\_\_\_\_  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ind  
(Town, county, and state)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name James Campbell

13. Birthplace Ind

14. Maiden name Heater Finkett

15. Birthplace Ind

16. Informant Edward Johnson

Address East New Market

17. (Burial, cremation, or removal (which?)) Burial Date thereof Nov 25 1946  
(month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director F. B. Willoughby

Address East New Market

19. Nov 24 1946 Elizabeth C Smith  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1946 at 9:32 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1945 to Nov 23 1946  
and that I last saw her alive on Nov 22 1946

Immediate cause of death Heart failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. L. Brown M. D. or other

Address East New Market Ind Date signed 11/23/46

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*

*Handwritten text, possibly a name or address, mostly illegible.*

RECEIVED  
NOV 25 1966  
BUT

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1100

10999

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Reids Grove  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?  
 \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Dorchester  
 City or town Reids Grove  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Wesley Jones

## 3. (b) Social Security Number

216-01-3867

4. Sex Male 5. Color or race Coloured 6. (a) Single, married, widowed, or divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) About 1915  
 8. AGE: Years About 31 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Day Laborer  
 11. Industry or business Phillips Packing Company  
 12. Name John W. Jones  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Fanny Campbell  
 15. Birthplace Dorchester County, Maryland  
 16. Informant James H. Jones

Address Rhodesdale, Maryland, R.F.D.  
 17. Burial Date thereof November 6, 1946  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Hopkintown Cemetery  
 Location Near East New Market, Maryland  
 18. Funeral director J. F. Frampton and Son  
 Address Federalburg, Maryland  
 19. Nov 6 19 46 Charles Haslam  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 19 46 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from last or else to \_\_\_\_\_ 19 \_\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Coronary occlusion 1 hour  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE John W. Jones, M.D.  
Acting Deputy Medical Examiner  
 M. D. or other \_\_\_\_\_  
 Address Cambridge, Md. Date signed 11/21/46

RECEIVED  
DEC 5 1946  
BUREAU V.B.

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9310

## CERTIFICATE OF DEATH

Reg. Dist. No. 11000

1. PLACE OF DEATH  
 County Frederick  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Buckyard Road  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Buckyard Rd  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William Henson Jones

## 3. (b) Social Security Number

4. Sex male 5. Color or race col 6.(a) Single, married, widowed, or divorced maried  
 6.(b) Name of husband or wife Mattie Jones  
 7. Birth date of deceased (mo., day, yr.) Sept 15 1868 6.(c) If alive, give age 71 years  
 8. AGE: Years 78 Months 1 Days 25 If less than one day hrs. min.

9. Birthplace Dorchester Co Md  
 (Town, county, and state)

10. Usual occupation Gen Labor

## 11. Industry or business

FATHER  
 12. Name John Jones  
 13. Birthplace Maryland  
 MOTHER  
 14. Maiden name Anna Pender  
 15. Birthplace Maryland

16. Informant Mattie Jones

Address Cambridge Md

17. (Burial, cremation, or removal, Which?) Burial Date thereof 11-13-46  
 (month) (day) (year)

Cemetery or crematory Beech Cemetery

Location Cambridge Md.

18. Funeral director Louis H. Baynes

Address Cambridge, Md

19. 11-12-46 John Marshall  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1946 at 9:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 21 1946 to November 10 1946

and that I last saw him alive on November 10 1946

Immediate cause of death Acute Pyelocystitis

DURATION 21 d

Due to Prostatic Hypertrophy Benign 6 mos

Arteriosclerosis 10 d

Due to Cor Myocarditis 12 m

Other conditions Sen Degener 16 m

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carol M. McLean MD

M. D. or other

Address Shade St

Date signed 11-15-46

RECEIVED  
NOV 14 1946  
BUREAU V.S.

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12055

Reg. Dist. No. 1100

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Sarah L. Lake

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

Colored

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife John Wesley Lake6. (c) If alive, give age 77 years

## 7. Birth date of

deceased (mo., day, yr.) June 30, 1888

## 8. AGE:

Years

Months

Days

If less than one day

58428

hrs.

min.

9. Birthplace Dorchester County, Maryland

(Town, county, and state)

## 10. Usual occupation

Housework

## 11. Industry or business

Home

## FATHER

12. Name William Henry Farrow13. Birthplace Dorchester County, Maryland

## MOTHER

14. Maiden name Wilhelmina Chase15. Birthplace Dorchester County, Maryland16. Informant John Wesley LakeAddress Hurlock, Maryland, R.F.D.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof November 30, 1946  
(month) (day) (year)Cemetery or crematory Washington Colored CemeteryLocation Near Hurlock, Maryland18. Funeral director J. J. Frampton and SonAddress Federalburg, Maryland19. November 30, 46  
(Date rec'd by registrar)Charles W. Keeling  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 19 46, at 9:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19 46 to November 19 46  
and that I last saw her alive on November 28 19 46

## Immediate cause of death

Sepsis

## DURATION

1 month

## Due to

Gangrene of foot6 months

## Due to

Diabetes mellitus1 yr +

## Other conditions

general arteriosclerosis10 yrs +

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

## 23. SIGNATURE

W. E. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 11/30/46

RECEIVED  
JAN 6 1947  
BUREAU

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-23

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cord Sinner  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cord Sinner  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Martin S. Lee

## 3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Minnie E. Lee7. Birth date of deceased (mo., day, yr.) May 28, 1884 6.(c) If alive, give age 52 years8. AGE: Years 62 Months 5 Days 25 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Cord Sinner, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Farming12. Name Edward Lee13. Birthplace Maryland14. Maiden name Mary Matthews15. Birthplace Dorchester, Maryland16. Informant Minnie LeeAddress Cord Sinner17. Burial Date thereof November 28, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cord SinnerLocation Cord Sinner18. Funeral director Genie H. ByrdAddress Cambridge, Maryland19. 11/29 19 46 John M. Lee Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1946 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22nd 19 46, to Nov 23 19 46.  
end that I last saw him alive on Nov 22nd 19 46.Immediate cause of death Coronary occlusion DURATION 2 hoursDue to arteriosclerotic Cardiovascular disease 298+

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. \_\_\_\_\_

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Edridge H. ByrdAddress Cambridge, Md M. D. or other \_\_\_\_\_Date signed 11-28-46

RECEIVED  
NOV 30 1946  
BUREAU 78

1-25-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

11002

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Williamsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
Railroad- Nr. Williamsburg  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Williamsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Williamsburg  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Vernon Daniel Mayne

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife -  
 7. Birth date of deceased (mo., day, yr.) Aug. 30, 1892  
 8. AGE: Years 54 Months 2 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Cambridge, Maryland  
(Town, county, and state)10. Usual occupation Mechanic11. Industry or business AutomobileFATHER 12. Name Daniel H. Mayne13. Birthplace DelawareMOTHER 14. Maiden name Virginia D. Jackson15. Birthplace Maryland16. Informant Mrs. Olive RobertsonAddress Chester, Penna.17. Burial Date thereof Nov. 29, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 11/29 19 46 John Mayne Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/ 19 46 at YA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 46 to not at all 19 46  
 and that I last saw him alive on not at all 19 46

Immediate cause of death Multiple fracture skull crushing wound chest  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Amputation arm  
Multiple laceration  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_  
 Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Accident Date of 11/27/46  
 Where did injury occur? Williamsburg (City or town) md (County) md (State)  
 Injured at home, farm, industry, public place (where?) Railroad track  
 Means of injury Hit by train Injured at work? No

23. SIGNATURE John Mayne M. D. or other \_\_\_\_\_  
 Address John Mayne Date signed 11/28/46

RECEIVED  
NOV 30 1946  
BUREAU V.B.

1-35-

Evidence for the additions  
made is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11003

FILM No. I 08 DEC 2 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116 0

1. PLACE OF DEATH:

County.....Dorchester  
City or town.....Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....40 years  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....Maryland County.....Dorchester  
City or town.....Cambridge, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....200 null St.  
(If rural, give LOCATION)  
.....none  
2.(a) If veteran, name war.....

3. (a) FULL NAME

Florence Brammoch Phillips

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Nov 19 1946 at 8:25 A.M.

6. (b) Name of husband or wife

Levi B. Phillips Jr.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
October 20 1944 to November 19 1946  
and that I last saw her alive on Nov 18 1946

7. Birth date of  
deceased (mo., day, yr.)

Nov 16 - 1876

8. AGE:

Years

Months

Days

If less than one day

70

0

3

hrs.

min.

9. Birthplace

Church Creek  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Joseph Brammoch

FATHER

12. Name

Levi B. Phillips Jr.

13. Birthplace

Mary Eugenia Airey

MOTHER

14. Maiden name

Levi B. Phillips Jr.

15. Birthplace

Cambridge, Md.

16. Informant

Burial

17. (Burial, cremation, or removal) Which?

Date thereof.....Nov 21 - 1946  
(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19. (Date rec'd by registrar)

11-21-46 Registrar

23. SIGNATURE

Eldridge Hebbelund  
M. D. or other  
Address.....Cambridge, Md. Date signed.....11-20-46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 23 1946

WILKINSON

1-35



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11004

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural-Church Creek  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
Church CreekHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Church Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Creek  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Margaret H. Riggins

## 3. (b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Lewis G. Riggins  
(Died 5/27/1943)7. Birth date of deceased (mo., day, yr.) July 13, 1876

8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 70 Months 3 Days 28 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Golden Hill, Dor. Col., Md.  
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name Franklin Hughes13. Birthplace Maryland14. Maiden name Martha Todd15. Birthplace Maryland16. Informant Mrs. William TurnerAddress Church Creek, Maryland17. Burial Date thereof Nov. 13, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns Church CemeteryLocation Golden Hill, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 11-13-46 John M. J. M. D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1946 at 6:55A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Nov 5 1946 to Nov 10 1946  
and that I last saw her alive on Nov 10 1946Immediate cause of death Congestive heart failure

DURATION

Due to Hypertension ?Due to Chronic nephritis ?

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James H. Thompson M.D.

M. D. or other

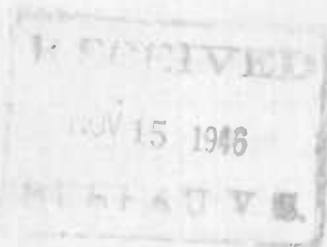
Address Cambridge, Md. Date signed Nov 12

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 DayHospital, institution, or street address where death occurred:  
Cambridge Maryland HospitalHow long in hospital or institution? 2 Days

## 3. (a) FULL NAME

Edna Rogers

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single8. (b) Name of husband or wife -7. Birth date of deceased (mo., day, yr.) Nov. 25, 19468. AGE: Years Months Days If less than one day  
5 hrs. min.9. Birthplace Cambridge, Md.  
(Town, county, and state)10. Usual occupation None.11. Industry or business "12. Name Harley Albert Rogers13. Birthplace Bridgeville, Del.14. Maiden name Ethel Linda Clifton15. Birthplace Delaware.16. Informant Harley Albert RogersAddress Cambridge, R.F.D. #317. Burial Date thereof 11/29/46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Family Cemetery - Castle HavenLocation Castle Haven Neck, Cambridge, R.F.D. #318. Funeral director La Compte Funeral ServiceAddress Cambridge, Md.19. 11/29/46 John Maca Jr. MD  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Parsons Neck  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1946, at 6 12/A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1946 to Nov. 26, 1946and that I last saw h. er alive on Nov. 26, 1946Immediate cause of death acute cardiac failurePrematurity DURATION 6 hrsDue to Prematurity

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lawrence Mangano M. D. or otherAddress 136 Race St. Date signed Nov. 29, 1946

1-35

BUREAU A 8

DEC 7 1946

BUREAU A 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

## CERTIFICATE OF DEATH

 11006  
 ★  
 Reg. Dist. No. 46

1. PLACE OF DEATH:  
 County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 27 Years  
 Hospital, institution, or street address where death occurred:  
7 Light St.  
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 7 Light St.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war -

## 3. (a) FULL NAME

Sallie D. Shorter

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 8. (b) Name of husband or wife William Shorter  
 (Deceased-1894) 6. (c) If alive, give age - years  
 7. Birth date of deceased (mo., day, yr.) Sept. 1, 1868  
 8. AGE: Years 78 Months 2 Days 28 If less than one day - hrs. - min.

9. Birthplace Sewards, Dor. Co., Maryland  
 (Town, county, and state)

10. Usual occupation -

11. Industry or business -

FATHER 12. Name James Willey  
 13. Birthplace Maryland

MOTHER 14. Maiden name Dorothy Hurley  
 15. Birthplace Maryland

16. Informant Mrs. Magie Jones  
 Address Cambridge, Maryland

17. Burial Dec. 1, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory East New Market Cemetery  
 Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service  
 Address Cambridge, Maryland

19. 11/30/46 19 46 John MacCord  
 (Date recd. by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1946 at 3:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1946, to Nov 27 1946

and that I last saw her alive on Nov 27 1946

Immediate cause of death Internal Hemorrhage  
due to carcinoma of the uterus  
 Due to -  
 Due to -  
 Other conditions -  
 (Include pregnancy within 3 months of death)

## DURATION

3 yrs  
7 mos

Major findings of operations - Date of op. -

Autopsy results -  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide - Date of -  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE P. H. Tawes M. D. or other  
 Address Cambridge, Md. Date signed Nov 29, 1946

RECEIVED

DEC 3 1946

B. HEAD & S.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 years - 2 months - 27 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 7 years - 2 months - 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Opal Sigler

## 3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
6. (b) Name of husband or wife _____		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>September 25, 1905</u>		
8. AGE: Years <u>41</u>	Months <u>2</u>	Days <u>5</u> If less than one day _____ hrs. _____ min.
9. Birthplace <u>Bronson, Kansas</u> (Town, county, and state)		
10. Usual occupation <u>Clerk for three years</u>		
11. Industry or business <u>Unknown</u>		
12. Name <u>Unknown</u>		
13. Birthplace _____		
14. Maiden name <u>Unknown</u>		
15. Birthplace _____		

16. Informant <u>Eastern Shore State Hospital Records</u>		
Address <u>Cambridge, Maryland</u>		
17. <u>Burial</u> Date thereof <u>Dec. 2, 1946</u> (Burial, cremation, or removal, Which) (month) (day) (year)		
Cemetery or crematory <u>Presbyterian Cemetery</u>		
Location <u>Princess Anne, Md.</u>		
18. Funeral director <u>John Dashiell</u>		
Address <u>Princess Anne, Md.</u>		
19. <u>12/2</u> 19 <u>46</u> <u>John M. ...</u> (Date rec'd by registrar) (Year) Registrar		

## MEDICAL CERTIFICATION

20. DATE OF DEATH <u>November 30</u> 19 <u>46</u> at <u>8:30 A.M.</u>
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>September 3</u> 19 <u>39</u> to <u>November 30</u> 19 <u>46</u> and that I last saw him <u>alive</u> on <u>November 30</u> 19 <u>46</u>
Immediate cause of death <u>Cerebral Hemorrhage</u>
Due to <u>Dementia Praecox (Catatonic)</u>
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE <u>Robert E. Gardner M.D.</u>
M. D. or other _____
Date signed _____

RECEIVED

DEC 3 1946

BERLANT'S

1-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

## CERTIFICATE OF DEATH

 11008  
 Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester CountyCity or town Cambridge Maryland  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

Cambridge-Maryland Hospital, Inc.How long in hospital or institution? 11/14/46 to 11/21/46

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mr. Thomas E. Simpson

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteSeparated

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) November 17, 18798. AGE: Years 67 Months Days If less than one day  
..... hrs. .... min.9. Birthplace Maryland  
(Town, county, and state)  
Paper-hanger

10. Usual occupation.....

11. Industry or business.....

12. Name William R. Simpson13. Birthplace Pennsylvania14. Maiden name Schemick15. Birthplace Pennsylvania16. Informant Mr. R. Simpson, Mr. SchemickAddress 26 Mullock17. Burial Date thereof Nov 30 1946  
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation St. Louis Rd18. Funeral director G. B. WellerAddress East New Market19. 11-23- 19 46 John M. [unclear]  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 21 1946 at .....21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
NOVEMBER 16 1946 to NOV. 21 1946  
and that I last saw him alive on NOVEMBER 21 1946Immediate cause of death MYOCARDIAL FAILURE DURATION Approx. 13 mos.Due to CORONARY ARTERY DISEASE 3 mos.Due to ARTERIOSCLEROSISOther conditions CHRONIC NEPHRITISCIRRHOSIS LIVER

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Cambridge Md Date signed 11/21/46

RECEIVED

NOV 25 1946

DEPT. OF JUSTICE

1-35

Evidence for the clarification of

sex is shown on G 109

2/25/47

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

## CERTIFICATE OF DEATH

Reg. Dist. No.

11009

1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Cordova  
(If outside city or town limits, write RURAL and give nearest town)Street No. unknown  
(If rural, give LOCATION)2.(a) If veteran, name war unknown

## 3. (a) FULL NAME

Oddie Stephens4. Sex male5. Color or race white

6.(a) Single, married, widowed, or divorced

55 male white married6.(b) Name of husband or wife unknown

6.(c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) July 23, 18918. AGE: Years 55 Months 3 Days 6 If less than one day  
hrs. min.9. Birthplace unknown  
(Town, county, and state)10. Usual occupation cannery laborer

11. Industry or business

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Nov 9 - 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Hill CemeteryLocation Eastern Shore18. Funeral director John D. WilliamsAddress Porton, Md.19. 11/8 46 N. H. Williams  
(Date rec'd by registrar) (year) (month) (day) Registrar

## 3. (b) Social Security Number

219-07-8797

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 19 46 at 1:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 1, 19 46 to November 5 19 46and that I last saw him alive on November 5 19 46Immediate cause of death Pneumonia DURATION 4 daysDue to Cerebro-spinal syphilis unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace M. Branscombe M. D. or otherAddress E.S.S.H., Cambridge, Md. Date signed 11-5-46

MARGIN RESERVED FOR BINDING

VS A15 9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REC  
NOV 15 1946  
RECEIVED V.C.

2-35-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11010  
 Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 10 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Choptank Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Ethel Marshall Stephenson

## 3. (b) Social Security Number

-

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

8. (b) Name of husband or wife Frank T. Stephenson6. (c) If alive, give age 50 years7. Birth date of deceased (mo., day, yr.) Dec. 12, 1898

8. AGE: Years 47 Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Cambridge, Dor. Co., Maryland  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home12. Name J. Lay Marshall13. Birthplace Maryland14. Maiden name Edith Dunn15. Birthplace Maryland16. Informant Mr. F. T. StephensonAddress Cambridge, Maryland17. Burial Date thereof Nov. 23, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Family CemeteryLocation Sharptown, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. H. & S. 46 John Marshall  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1946 at 9:58 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 17, 1946 to Nov. 21, 1946 and that I last saw him/her alive on Nov. 21, 1946Immediate cause of death arterio-sclerotic nephritis, malignant type

## DURATION

4 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Lawrence Mangano M. D. or otherAddress 136 Race St. Date signed Nov. 22, 1946  
Cambridge, Md.

ARTERIAL COLIC

RECEIVED

NOV 23 1946

DEPT. OF AGR.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 11011 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 37 years  
 Hospital, institution, or street address where death occurred:  
125 Mill Street  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 125 Mill Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Ida U. Stevens

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Shadrach H. Stevens 6. (c) If alive, give age .....

7. Birth date of deceased (mo., day, yr.) October 12, 1858  
 8. AGE: Years 88 Months 1 Days 6 If less than one day .....

9. Birthplace Dorchester County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Unemployed  
 11. Industry or business .....

MOTHER FATHER  
 12. Name Minor Wright  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Sarah Williams  
 15. Birthplace Dorchester County, Maryland  
 16. Informant Mrs. Daisy V. Leonard  
 Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof November 21 1946  
 (month) (day) (year)  
 Cemetery or crematory Washington Cemetery  
 Location Near Hublock, Maryland

18. Funeral director J. J. Frampton and Son  
 Address Federalburg, Maryland

19. 11-21-46 (Date rec'd by registrar) John Macer Jr MD Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH November 18, 1946 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15th 1946 to Nov 18 1946  
 and that I last saw her alive on Nov 15th 1946

Immediate cause of death Cerebral hemorrhage  
 DURATION 3 days

Due to arteriosclerotic cardio-vascular disease 5 yrs +?

Due to .....

Other conditions Paraplegia due to "typhoid enteritis" 3 yrs?  
 (Include pregnancy within 3 months of death)

Major findings of operations .....

Antopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

23. SIGNATURE Eldridge H. Wells MD M. D. or other  
Cambridge, Md. Date signed 11-20-46



RECEIVED

NOV 27 1946

BUREAU V.S.

2-35



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 29 Years

Hospital, institution, or street address where death occurred:

Boundary Ave.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... DorchesterCity or town... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Boundary Ave.  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3.(a) FULL NAME

Victoria J. Todd

## 3.(b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Nemiah H. Todd(Died 12/28/1941)

6.(c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.) July 29, 1861.

## 8. AGE:

Years

85

Months

3

Days

8

If less than one day

\_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Bishops Head, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation -11. Industry or business -

MOTHER FATHER

12. Name Silas Jones13. Birthplace Maryland14. Maiden name Rachel Pritchett15. Birthplace Maryland16. Informant Mrs. Milton MayneAddress Cambridge, Maryland17. Burial Date thereof Nov. 10, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte Funeral ServiceAddress Cambridge, Maryland19. 11-10-46

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1946 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/151946to 10/71946and that I last saw HER alive on 11/71946

Immediate cause of death

MYOCARDIAL FAILURE

DURATION

3 days.Due to SHOCK OF FRACTURE  
FEMUR.Due to -Other conditions SENILITY

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -Date of -Where did injury occur? CAMBRIDGE DORCH. MARYLAND

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) HOMEMeans of injury FELL DOWN STAIRS Injured at work? yes23. SIGNATURE [Signature]

M. D. or other

Address Cambridge Md Date signed 11/9/46

RECEIVED  
NOV 12 1946

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 13 years and 3 months  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution? 13 years and 3 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Cecil  
 City or town Perryville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William E. White

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widower

6.(b) Name of husband or wife Georgianna Cunningham  
 6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) March 19, 1870  
 8. AGE: Years 76 Months 7 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Perryville, Maryland  
 (Town, county, and state)

10. Usual occupation Storekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER 12. Name Edward Wm. White

13. Birthplace Perryville, Maryland

14. Maiden name Rebecca Kelly

15. Birthplace Perryville, Maryland

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof 11-18-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Martin's Cemetery

Location Perryville, Md.

18. Funeral director Lee C. Patterson & Son

Address Perryville, Md.

19. 11-16-46 John Mac Jr. M.D.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 19 46 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 19, 1933 19 46 to Nov. 14 19 46 and that I last saw him alive on November 14 19 46

Immediate cause of death Chronic Myocarditis myocorcardial Degeneration

DURATION  
3  
years

Due to old age

Due to Senile Psychosis

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace M. Branscombe M. D. or other \_\_\_\_\_

Address Cambridge, Md. Date signed \_\_\_\_\_

1-35

RECEIVED  
NOV 19 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coverage is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 1160

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Roslyn Ave.How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware County New CastleCity or town Wilmington  
(If outside city or town limits, write RURAL and give nearest town)Street No. 701 S. Market St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Charles H. Whitefard

## 3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Annie F. Hoff</u>			
7. Birth date of deceased (mo., day, yr.) <u>Sept. 7, 1879</u>			
8. AGE: Years <u>67</u>	Months <u>1</u>	Days <u>0</u>	6.(c) If alive, give age _____ years _____ hrs. _____ min.

9. Birthplace Hartford County, Maryland  
(Town, county, and state)10. Usual occupation Minister11. Industry or business Minister12. Name Daniel M. Whitefard13. Birthplace Maryland14. Maiden name Mary E. Boyington15. Birthplace Maryland16. Informant Grover C. WhitefardAddress Wilmington, Delaware17. Burial Date thereof Nov. 14, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cemetery StratridgeLocation Delta, Penna.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-10-46  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1946 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead on arrival  
and that I last saw him Dead on arrival

Immediate cause of death

Coronary occlusion

DURATION

2.3 hours

Due to

arterio sclerosis  
hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

Eedridge H. Whitefard23. SIGNATURE Noting Deputy Medical Examiner  
M. D. or otherAddress Cambridge, Dorchester Co. Date signed 11-9-46



1-35

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County... Dorchester  
 City or town... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 Years  
 Hospital, institution, or street address where death occurred:  
312 Locust St.  
 How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Dorchester  
 City or town... Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 312 Locust St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -

## 3. (a) FULL NAME

Robert Wilson

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Alice Wheatley  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) April 21, 1877  
 8. AGE: Years 69 Months 6 Days 16 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Castle Haven, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name Truston Wilson13. Birthplace Maryland14. Maiden name Laura Wolff15. Birthplace Maryland16. Informant Granville W. WilsonAddress East New Market, Maryland17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1946  
(month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 11-10-46 19 46 John Macfarlane  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1946 at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1945 to November 7, 1946  
 and that I last saw him alive on November 6th, 1946

Immediate cause of death Uremia  
 DURATION 2 days

Due to arteriosclerotic  
cardiovascular disease Heart

Due to \_\_\_\_\_

Other conditions Carcinoma of  
Prostate Heart  
 (Include pregnancy within 3 months of death)

Major findings of operations None  
 Date of op. \_\_\_\_\_

Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Eldridge H. Hoffmann M. D. or other  
 Address Cambridge, MD Date signed 11-9-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 12 1946  
BUREAU V.R.

1-35